## PART B - FEE(S) TRANSMITTAL

B\$

omplete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

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Alexandria, Virginia 22313-1450 (703)746-4000

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<u>Fax</u>

Maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

007470 7590 08/04/2003

WHITE & CASE LLP
PATENT DEPARTMENT
1155 AVENUE OF THE AMERICAS

NEW YORK, NY 10036

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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| Christina Ishihara | (Depositor's name) |
|--------------------|--------------------|
| definition to      | (Signature)        |
| 09/88/03           | (Date)             |
|                    |                    |

 APPLICATION NO.
 FILING DATE
 FIRST NAMED INVENTOR
 ATTORNEY DOCKET NO.
 CONFIRMATION NO.

 09/718,374
 11/24/2000
 Yiqing S. Liang
 258/160
 3681

TITLE OF INVENTION: SYSTEM AND METHOD FOR OBJECT IDENTIFICATION AND BEHAVIOR CHARACTERIZATION USING VIDEO ANALYSIS

| APPLN. TYPE   | SMALL ENTITY  | ISSUE FEE           | PUBLICATION FEE  | PUBLICATION FEE TOTAL FEE(S) DUE                               |            |     |
|---|---|---------------------|--|--|------------|-----|
| nonprovisional  | YES   | \$650               | \$0 \$650  |  | 11/04/2003 |     |
| EXAMI<br>AZARIAN,   |   | ART UNIT 2625       | CLASS-SUBCLASS<br>382-181000   |  |            |     |
| CFR 1.363).  U Change of correspond Address form PTO/SB/1  U "Fee Address" indicate | nce address or indication o<br>dence address (or Change o<br>122) attached.<br>tion (or "Fee Address" Indi<br>or more recent) attached. I | f Correspondence    | 2. For printing on the patent fro<br>the names of up to 3 registered<br>or agents OR, alternatively, (2)<br>single firm (having as a mema<br>attorney or agent) and the nan<br>registered patent attorneys or age<br>is listed, no name will be printed. | patent attorneys the name of a per a registered nes of up to 2 | 2 & Case   | LLP |
| 3 ASSIGNEE NAME AN  | D RESIDENCE DATA TO   | BE DRINTED ON THE D | ATENT (print or type)  |  |            |     |

D. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

| •   |   |                          |   |           |
|---|---|--------------------------|---|-----------|
| Please check the appropriate assignee category or categories (v   | will not be printed on the patent)  | ☐ individual             | Corporation or other private group entity Corporation | overnment |
| 4a. The following fee(s) are enclosed:  | 4b. Payment of Fee(s):  |                          |   |           |
| Issue Fee   | A check in the amount   | of the fee(s) is enc     | losed.  |           |
| ☐ Publication Fee   | ☐ Payment by credit card  | i. Form PTO-2038         | is attached.  |           |
| ☐ Advance Order - # of Copies   | U The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number(enclose an extra copy of this form).  |                          |   |           |
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| (Authorized Sighthur)  NOTE; The Issa/Fee and Publication Fee (if required) we other than the applicant; a registered attorney or agent; or   | r the assignee or other party in I  | 09/12/2003<br>01 FC:2501 | B HBELETE2 00000110 09718374 650.00 0P                | -         |
| interest as shown by the records of the United States Patent a  This collection of information is required by 37 CFR 1.311 obtain or retain a benefit by the public which is to file (an application. Confidentiality is governed by 35 U.S.C. 122 an estimated to take 12 minutes to complete, including gatherir completed application form to the USPTO. Time will vary case. Any comments on the amount of time you require suggestions for reducing this burden, should be sent to the Patent and Trademark Office, U.S. Department of Co 22313-1450. DO NOT SEND FEES OR COMPLETED SEND TO: Commissioner for Patents, Alexandria, Virginia 2 Under the Paperwork Reduction Act of 1995, no person collection of information unless it displays a valid OMB cont | In Trademark Office.  I. The information is required to do the USPTO to process) and do 37 CFR 1.14. This collection is ng, preparing, and submitting the value depending upon the individual et co complete this form and/or Chief Information Officer, U.S. commerce, Alexandria, Virginia FORMS TO THIS ADDRESS. 22313-1450. |                          |   |           |

PTO/SB/17 (08-03)
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| FEE               | <b>TRANSMITTAL</b>                                    |
|                   | for FY 2003   |

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

| (\$) | 650. | 00 |
|------|------|----|
|------|------|----|

| Complete if Known    |                   |  |  |
|----------------------|-------------------|--|--|
| Application Number   | 09/718,374        |  |  |
| Filing Date          | 11/24/2000        |  |  |
| First Named Inventor | Yiqing S. Liang   |  |  |
| Examiner Name        | Azarian, Seyed H. |  |  |
| Art Unit             | 2625              |  |  |
| Attorney Docket No.  | 1617880-0002      |  |  |

| METHOD OF PAYMENT (check all that apply)  | FEE CALCULATION (continued)  |        |  |  |  |
|---|--|--------|--|--|--|
| Check Credit card Money Other None  | None 3. ADDITIONAL FEES  |        |  |  |  |
| Large Entity   Small Entity   |  |        |  |  |  |
| Deposit Account:  | Fee Fee Fee Fee Fee Description  |        |  |  |  |
| Account   | I  | e Paid |  |  |  |
| Number  |  |        |  |  |  |
| Account   | 1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet                     |        |  |  |  |
| Name The Director is authorized to: (check all that apply)  | 1053 130 1053 130 Non-English specification  |        |  |  |  |
| Charge fee(s) indicated below Credit any overpayments   | 1812 2,520 1812 2,520 For filing a request for ex parte reexamination                      | {      |  |  |  |
| Charge any additional fee(s) during the pendency of this application                              | on 1804 920* 1804 920* Requesting publication of SIR prior to Examiner action              |        |  |  |  |
| Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. | 1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action                |        |  |  |  |
| FEE CALCULATION   | 1251 110 2251 55 Extension for reply within first month                                    |        |  |  |  |
| 1. BASIC FILING FEE   | 1252 410 2252 205 Extension for reply within second month                                  | ——     |  |  |  |
| Large Entity Small Entity   | 1253 930 2253 465 Extension for reply within third month                                   |        |  |  |  |
| Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)  | 1254 1,450 2254 725 Extension for reply within fourth month                                |        |  |  |  |
| Code (\$) Code (\$) 1001 750 2001 375 Utility filing fee  | 1255 1,970 2255 985 Extension for reply within fifth month                                 |        |  |  |  |
| 1002 330 2002 165 Design filing fee   | 1401 320 2401 160 Notice of Appeal   |        |  |  |  |
| 1003 520 2003 260 Plant filing fee  | 1402 320 2402 160 Filing a brief in support of an appeal                                   |        |  |  |  |
| 1004 750 2004 375 Reissue filing fee  | 1403 280 2403 140 Request for oral hearing   |        |  |  |  |
| 1005 160 2005 80 Provisional filing fee   | 1451 1,510 1451 1,510 Petition to institute a public use proceeding                        |        |  |  |  |
| SUBTOTAL (1) (\$)   | 1452 110 2452 55 Petition to revive - unavoidable  |        |  |  |  |
|   | 1453 1,300 2453 650 Petition to revive - unintentional                                     |        |  |  |  |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE   | 1501 1,300   2501   650 Utility issue fee (or reissue)   650                               | 0.00   |  |  |  |
| Extra Claims below Fee Paid   | d 1502 470 2502 235 Design issue fee   |        |  |  |  |
| Total Claims 20** = X =   | 1503 630 2503 315 Plant issue fee  |        |  |  |  |
| Claims - 3** = X =  | 1460 130 1460 130 Petitions to the Commissioner  |        |  |  |  |
| Multiple Dependent  | 1807 50 1807 50 Processing fee under 37 CFR 1.17(q)  |        |  |  |  |
| Large Entity   Small Entity Fee Fee Fee Fee Fee Description                                       | 1806 180 1806 180 Submission of Information Disclosure Stmt                                |        |  |  |  |
| Code (\$) Code (\$)   | 8021 40 8021 40 Recording each patent assignment per property (times number of properties) | - 11   |  |  |  |
| 1202 18 2202 9 Claims in excess of 20   | 1809 750 2809 375 Filing a submission after final rejection                                |        |  |  |  |
| 1201 84 2201 42 Independent claims in excess of 3   | (37 ČFR 1.129(a))  |        |  |  |  |
| 1203 280 2203 140 Multiple dependent claim, if not paid   | 1810 750 2810 375 For each additional invention to be examined (37 CFR 1.129(b))           |        |  |  |  |
| 1204 84 2204 42 ** Reissue independent claims over original patent                                | 1801 750 2801 375 Request for Continued Examination (RCE)                                  |        |  |  |  |
| 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent                         | 1802 900 1802 900 Request for expedited examination of a design application                |        |  |  |  |
| SUBTOTAL (2) (\$)   | Other fee (specify)  |        |  |  |  |
| SUBTOTAL (2) (\$) **or number previously paid, if greater; For Reissues, see above                | *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 650.00                                 |        |  |  |  |
| SUBMITTED BY (Complete (if applicable))   |  |        |  |  |  |

| SUBMITTED BY      |              |     |                                      |        | (Complete | (if applicable)) |
|-------------------|--------------|-----|--------------------------------------|--------|-----------|------------------|
| Name (Print/Type) | James M. Wyy | 1   | Registration No.<br>(Attorney/Agent) | 45,241 | Telephone | 650.213.0302     |
| Signature         |              | 1 d |                                      |        | Date      | 09/08/03         |

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